

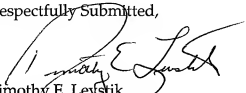
REMARKS

Claim 11 has been amended to remove a comma in line 2 of the claim.

Claim 19 has been amended to include the word "or" to put the claim in proper multiple dependent form.

The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135.

Respectfully Submitted,



Timothy E. Levstik
Registration No. 30,192

Date: October 1, 2008

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